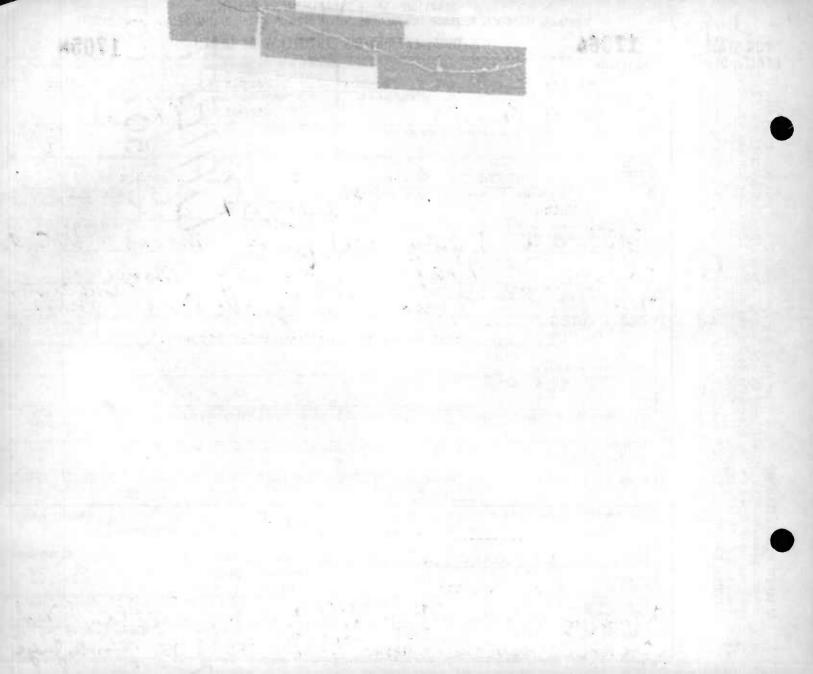
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17063 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) · Charles Maryland Mt. Victoria Md delay is and 3 to M3. Poge after death. MARYLAND Department c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, LaPIata Md 12-Hrs. 2 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours ON A FARM? e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with farm Physicians Memorial LaPlata Md YES X NO ote 24 hours ofter deoth. 12-23-66 3. NAME OF Lost 4. DATE Year First within 72 James Lee Bailey DECEASED 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years Male 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 58 t birthdoy) Months Doys Hours 8-2-1908 WIDOWED DIVORCED event 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Farming TI SOUNTRY? Mt. Victoria Md Farm Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Florence Lucas James Bailey E and 17. INFORMANT James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Goldsmidde Aunt Mt. Victoria (Yes, no, or unknown) ((If yes give wor or dates of service) or removol, 218-2004-7 Md No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 1 ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (0) Injuries Multiple Extreme This certificate shauld buriol, cremotion, DUF TO (b) Being Run Over By A Tractor& Trailer Conditions, if any, which gave rise to immediate couse (a), DUF TO stoting the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Fracture Skull-Fracture Ribs, Ruptured Spleem 19. WAS AUTOPSY PERFORMED? NO XX pleose execute the certificate, 2 pe 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item IB.)
Was run over by a tractor & Trail 20o. EXTERNAL CAUSE WAS rdesignoted agent, prior PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED H 1 farthywige troffice bldg., etc.) Mt Victoria Md Your DIRECTOR: Page 12-23-66 of work at work 21. I certify that I taak charge af the remains described above, held an Autapsy Inquiry x Inspection 💂 and in my apinian ξō moy be retoined for FUNERAL DIRECTOR the funeral director. Accident X. Homicide Undetermined manner death resulted from: Natural causes . Suicide . CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE G 12-24-66 TO DEPUTY DEPUTY MEDICAL EXAMINER Health or EXAMINER' Indian Head Md. MD E. Andrews James Address (Street, city, town, or county) NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) 23b. DATE THEREOF 50 Wayside, Charles co., Md. Buria (Specify) Dec. 27, 1966 Christ Church 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb. 24. FUNERAL DIRECTOR DATE JAN 3 VR A15ME (5) 1967 Archart Funeral Home Inc. La Plata Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY PM3. Page Charles o Maryland after deoth. Charles MARYLAND ond 3 b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give Aeacest town) write RURAL and give negrest town WICOMICO Wicomico d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) d. STREET ADDRESS IS RESIDENC d "pending" in pencil in Item 18. Give Poges 1, Chief Medical Examiner's Office along with form 72 hours ON A FARM YES NO Item 18. Give Poges hours ofter death. 3. NAME OF First Middle Lost 4. DATE Month DECEASED GEOFFREY DAWES BAKER December 66 within (Type or print) DEATH with 1 IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE AGE (In yeors IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost hirthday) White Male WIDOWED DIVORCED 7 ond 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION Give kind of work dor BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 11-DOM pencil 13. FATHER'S NAME be executed within .S. ARMED FORCES? INFORMANT WAS DECEASED EVER IN 16. SOCIAL ECURITY NO. or unknown) (If yes give wor or dotes of service) removal, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic Cardiovascular Disease. 0 writing the word This certificate should cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a). forwarded to DUE TO stoting the underlying couse 0 SO lost. burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION YES 2 NO the certificate, 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) ploods designated ogent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeor (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) foctory, street, office bldg., etc.) Not While of work please execute 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection TO FUNERAL DIRECTOR: X Inquiry ond in my opinian the funeral director. death resulted from: Natural causes Actident Suicide Hamicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 441 SIGNATURE DEPUTY MEDICAL EXAMINER 12/2/66 **EXAMINER'S** Heolth Charles S. Petty Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF 23d. LOCATION (City or Town 0 REMOVAL (Specify) 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS VR A15ME Marlen 5 1956 DATE 6M 1/66



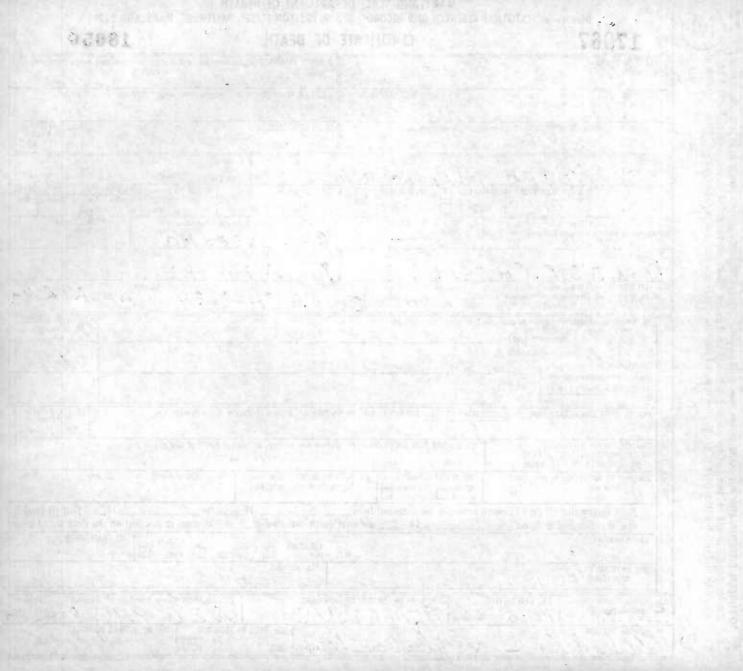
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17065 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence a. COUNTY o STATE b. COUNTY Page Charles 0 of death. Charles Maryland MARYLAND ond 3 t b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn? Wicomico CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits_write RURAL and give negrest town) after (Wicomico d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE with the State Dep within 72 hours a form tem 18. Give Poges NO after death. Office along with 3. NAME OF Middle First Last 4 DATE Doy Year DECEASED LYNETTE BAKER December 1 66 Ε. Type or print DEATH with 1 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED bothdoy) Months Dovs Hours W. WIDOWED DIVORCED hours event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired INDUSTRY COUNTRYA 24 = Exominer 13. FATHER'S NA 14. MOTA 'S MAIDEN NAME pencil certificate should be executed within = WAS DECEASED EVER IN U.S. ASMED FORCES? s, ng, or uniquown) (If yes dive wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT permit. e, writing the word "pending" i forwarded to the Chief Medical UNKOWN removal 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (0) Arteriosclerotic Cardiovascular Disease. 10 writing the word buriol, cremation, DUE TO Conditions, if ony, which gove (h) rise to immediate couse (o), DUE TO stoting the underlying couse 0 lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificate, This (YES X NO agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 should PRIMARY | or CONTRIBUTING | AL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While moy be retoined for your FUNERAL DIRECTOR: Page ot work ot work designoted 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection Inquiry and in my apinian Accident [Hamicide the funerol director. death resulted fram: Natural causes. Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER X l'elle SIGNATURE O DEPUTY 12/2/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty Address (Street, city, town, or county) Heolth NAME (Type) 23c. NAME OF CEMETERY 230. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION City of Tow 0 CREMOVAL (Specify ema REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (S) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17866 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY Charles Maryland harles af death. MARYLAND delay Department b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b and Benedict. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE alang with farm 72 haurs ON A FARM? Patuxent River Rural State in Item 18. Give Pages NO 3. NAME OF 4. DATE Middle Month Lost Oov DECEASED OF Randall Bland December 66 within uo ene DEATH 19 with 1 S. SEX B. DATE OF BIRTH IF UNDER 1 YEAR 6 COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED birthdoy) Months Dovs Hours White WIDOWED OIVORCEO event 2 and 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired)

State Road Maruland Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Jessie Marie Brooks Laurence Bland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? rd "pending" in Chief Medical E (Yes, no, or unknown) (If yes give wor or dotes of service or remayal, Father same as # 2 above 18. CAUSE OF DEATH (Enter only one couse per line for (o) and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (o) shauld Ward crematian, **DUE TO** bout broke auch Conditions, if ony, which gove rise to immediate couse (a), DUE TO certificate stoting the underlying couse 0 SD used as burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES [NO please execute the certificate. its designated agent, priar ta 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ (Enter noture of injury in Port I or Port II of item 1B. CAUSE OF DEATH. MEDICAL LACE OF INJURY (Home, form 20c. TIME OF INUIRY Month, Doy, Year 20d INJURY OCCURRED (City or town) (Stote) yaur FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held on Autopsy far Inspection Inquiry . and in my opinion Noural causes the funeral directar. death resulted framie Suicide Homicide Undetermined mannerbe retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 may be r ro FUNERAL Health ar it DEPUTY MEDICAL EXAMINER necessary, **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) Great Mills benezer 24. FUNERAL DIRECTOR VR A15ME (5) & 1966 larke Matting Leonardtown, Maryland 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17067 CERTIFICATE OF DEATH 18056 certificate be executed within 24 hours ofter death. death and filled in by the funeral popers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) a. COUNTY o. STATE b. COUNTY ease remove corbon popers. Pages 1 and in any event, within 72 hours ofter MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest tawn) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO P NAME OF Middle DATE First Year Lost Doy completely DECEASED 30 NOER 1966 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years COLOR OR RACE 7. MARRIED DATE OF BIRTH lost birthdoy) Months Doys Hours WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired) COUNTRY? INDUSTRY the offending physician 13. FATHER'S NAME MOTHER'S MAIDEN NAME or removal. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES LAPLATAM requires that the death (Yes, no, or unknown) (If yes give wor or dotes of service permit. cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO hos been sise os the the prior to b stoting the underlying couse Page 4 moy be retoined by the hospital or attending lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth p for use NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH of be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detoche should be filed with the Stote Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. Not While foctory, street, office bldg., etc.) ot work of work . 1966, that (1) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram. ner_ 19 66, to 1966, and that death accurred at FINA M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 220 SIGNATUR ATTENDING M.D. PHYS. DIRECTOR PHYS. 22e PHYSICIAN 22d. ADDRESS NAME (Type) APWCKID 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City or Town) (Stote) BURIAL, CREMATION (County) REMOVAL (Specify) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. **ADDRESS** 20 M 1/66



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before admission) e. COUNTY b. COUNTY and 3 to the funeral director. Page ŏ Maryland Charles retained for your files. Charles MARYLAND Department b. CITY OR TOWN (il outsida corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerast town Dentsville Rural entsville Dentsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? with the State 72 hours after YES NO 3. NAME OF 4. DATE Day Month DECEASED OF (Type or print) DEATH 5 may be rid 2 with th 5. SEX DATE OF BIRTH AGE (In years HF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED PYNEVER MARRIED White last birthdey) Male Months Dec. WIDOWED DIVORCED within 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY Page done during most of working life, avan If retirad) Refrigeration Mechanic-W. Va. USA pades PM3. 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William C. Cooley in any Maude E. King Office along with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgiya werordatasofservice) pue Yes Bettie Cooley .Rt. 3. La 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b). INTERVAL BETWEEN removal. CONSET AND DEATH burial-transit I. DEATH WAS CAUSED BY: in pencil ō If eny, which cremation, gave rise to immediata cause "pending" Ø Medical Examiner's DUE TO (a), stating the underlying as used a PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION prior to burial, PERFORMED? Pe NO plnods 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b DESCROE HOW NJURY OCCURRED, (Enter nature of injury in Part I or Pert II of item 18.) please execute the certificate, writing the 4 should be forwarded to the Chief Med TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior to the WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF MJURY (Home, farm, factory street, office bldg, atc.) 20c. TIME OF INJURY 20f. (City, br town) Month, Day, Yaar (County) (Stata) While Not While at work - at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion MEDICAL Undetermined manner death resulted from: Natural causes Accident 1 Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) Waldorf, Charles Co., Md. Dec. 26, 1966 Trinity Mem. Gardens RECO BY REGISTRAR'S SIGNATURE Buria]

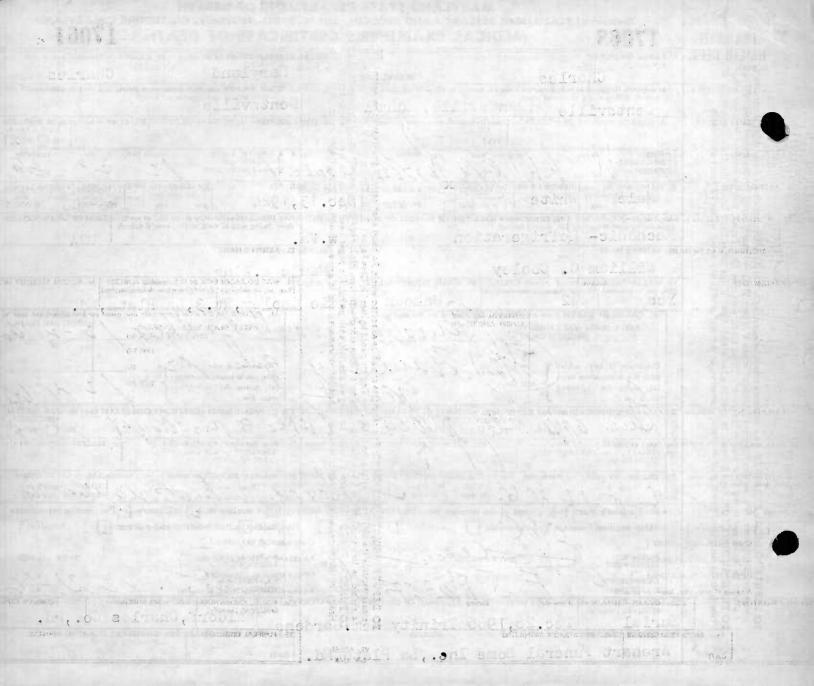
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VR AISME

23. FUNERAL DIRECTOR

Arehart Funeral Home Ine., La Plata, Md



| (V) | 17069 1. PLACE OF DEATH a. COUNTY CHARLES b. CITY OR TOWN (If outside corporate limits, | | ATE OF DEATH | | Reg. Dist. No.7 | 162 |
|-----|--|--|---|--|-------------------------|---------------------------------|
| VI) | b. CITY OR TOWN (If outside corporate limits, | | 2 HELLAL DECIDENCE IM/ha | | | |
| 00 | b. CITY OR TOWN (If outside corporate limits, | MARYLAND | a. STATE MARY | LAND b. COUNTY | on: Residence befare of | dmission) |
| 00 | RURAL and give nearest town) WALDORF | | 11/1 | side corporote limits, write R | URAL and give nearest | town) |
| 00 | d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION ST CHARLES | street address) | d. STREET ADDRESS | 0x 124 | 0 | RESIDENCE ON A FARM? S NO |
| 3 | 3. NAME OF DECEASED (Type or print) | Middle D LEMOIN | HARMON | OF DEATH | | Year 1966 |
| S | | MARRIED NEVER MARRIED | B. DATE OF BIRTH SEPT. 26, 19 | 9. AGE (In years last birthday) 5 7 yrs. | Months Days Ho | |
| 16 | Oa. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) ROGRAM ANALYST | 10b. KIND OF BUSINESS OR INDU | 1/100 | foreign country) | 12. CITIZEN OF W | 4 |
| ľ | 3. FATHER'S NAME WILLIAM C. | HARMON | JULIA | ME GOODEN B | BERGER | |
| 7 | S. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no. or unknown) (If yes, give war or dates of service) | •1 - | ELMA HARMO | N, BOXI24, U | HALDORF, | MD. |
| | 1B. CAUSE OF DEATH [Enter only one couse PART !. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | per line for (a), (b), and (c).] | ry occ | LUSION | | AND DEATH |
| | Conditions, if ony, which) (b) | ARTERIO | SCLERO | TR HEA | 27 32 | YEAR |
| | gave rise to immediate couse (o), stating the under-lying cause last. | DISEASE DE | TENSE | | >2 | YEAR |
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| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in Pa | rt I or Part II of item 1B.) | | |
| | Hour a.m. | 20d. INJURY OCCURRED 20e. PL While Nat while for at work at work | ACE OF INJURY (Home, farm, story, street, affice bldg., etc.) | 20f. (City or town) | (County) | (Stote) |
| | 21. I certify that attended the dealive on 1/23 | | 1618, to D | EATH, 19 | _,that I last saw t | |
| | ACTUAL SIGNATURE COCEMEN. | neelle is | | M, from the causes a DDRESS (Street, city or town, | | DATE SIGNE |
| 1 | PHYSICIAN'S ROBERT L | N. MERKLE | WAL | DORF. 1 | ND. | 150100 |
| 2 | Property Service Servi | 22c. NAME OF CEMETERY O | . //- | 2d. LOCATION (City, town, o | or county) | (State) |
| 11/ | 3. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | BY REGISTRAR 24b. REGIS | TRAR'S SIGNATURE | |

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1707**0** CERTIFICATE OF DEATH 24 haurs after death and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Charles New York MARYLAND aval, and in any event, within 72 hours after c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town) Bridgeport and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ban papers. d. STREET ADDRESS Physicans Memorial Hospital R.D. requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Month First DECEASED DEATH (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) Months WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUŞTRY** physician (Middleton New Yor Sales Manager Borden 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unkown Unkown rem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war or dotes of service) 029-85-9182 May Bell Heffron -Wife Bridgeport Yes burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY:
Tofu Arma signed by the burial-transit p IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse State Dept. af Health priar to O FUNERAL DIRECTOR: After this certificate has been far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 10 - 2-2 1966 to 12-12 saw the deceased alive an 12-12-1966, and that death accurred at Man My frago gauses and an the date stated above. 22o. SIGNATURE ATTENDING DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

Madison

IS RESIDENCE

ON A FARM?

Year

IF UNDER 24 HRS.

19

New York

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPS PERFORMED? NO

(Stote)

(County)

22b. DATE SIGNED

NO F

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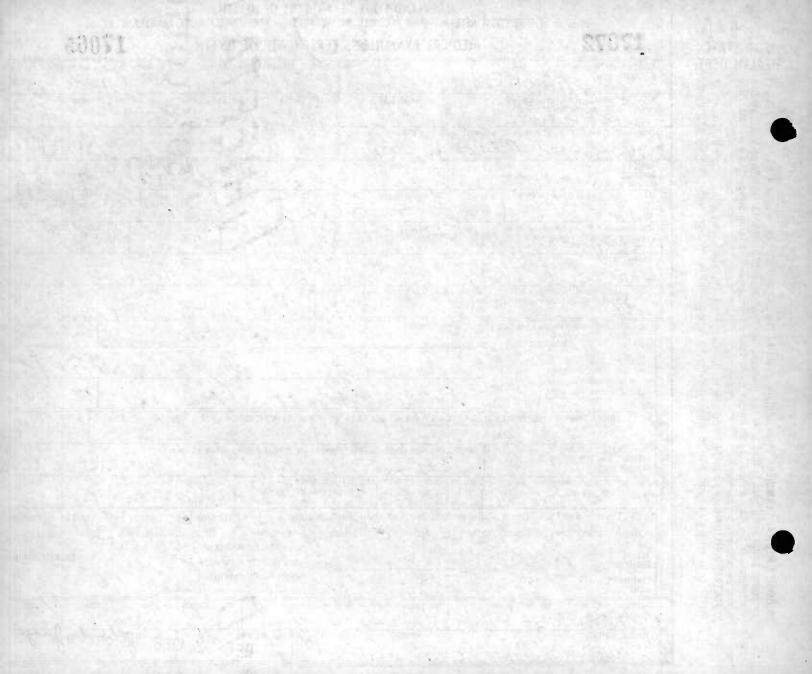
12. CITIZEN OF WHAT

directar, page 3 shauld be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Moringside Cemetery Syracuse New York James Brestreet, N.Y. 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Funeral Home Syracuse DATE DEC

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| 1 | | MARYLAND STATE DI Division of STATISTICAL RESEARCH AND RECORDS. | - Animali of Inches |
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| OR STATE | | 17071 MEDICAL EXAMINER'S | CERTIFICATE OF DEATH 17064 |
| LTH DEPT. | 1. | PLACE OF DEATH | 2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before admission |
| Tilles. | | CHARLES MARYLAND | O. STATE MARYLAND b. COUNTY CHARLES |
| | | b. CITY OR TOWN (if outside corporate limits, write RURAL and give naarast town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| death. | | IRONSIDES | RTI LAPLATA (RURAL) |
| | | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) | d. STREET ADDRESS o. IS RESIDENCE ON A FARM |
| 00 | - | | ON / YES NO |
| | | NAME OF DECEASED A First Middle | Last 4. DATE Month Day Year OF |
| | | SEX M 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8. | DATE OF BIRTH 19. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HBS |
| | J. | | last birthday) Months Days Hours Min. |
| | 10a | . USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY | UNE: 1905 0/412 |
| | do | ne during most of working life, even if retired) | MAD A A SAAS |
| | 13. | PATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | | WILLIAM JOHNSON | Eller Mn= |
| | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.! 17. IN | IFORMANT Address |
| | (10 | s, no, or unknym) (Ifyesgivewarordalesofsarvica) 216-12-73256 Joh | IN JOHNSON LA PLATA MA |
| | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN |
| | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | leny Collision GONSET AND DEATH |
| | | 420/ DUE TO | A - 6 |
| | | Conditions, if any, which \ (b) | ifel BCC |
| | | gava rise to immediata cause (a), stating the underlying DUE TO | |
| | | causa last. (c) | |
| 0 | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT | RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? |
| U | FICA | 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (F. | YES NO Enter nature of injury in Pert I or Pert II of item 18.) |
| | ER | PRIMARY or CONTRIBUTING CAUSE OF DEATH. | and the of this y at the Fort to hear 15. |
| | | | E OF INJURY (Home, farm, 20f. (City or town) (County) (State) |
| | MEDICAL | Hour a.m. Whila Not Whila factory | y, street, office bldg., etc.) |
| | | 21. I certify that I took charge of the remains described above, held | an Autopsy, Inspection, Inquiry, and in my opinion |
| | | death resulted from: Natyte causes . Accident . Suicide | |
| | | An | CHIEF MEDICAL EXAMINER |
| | | ACTUAL SIGNATURE ATO deleur | M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| 0 | | EXAMINER'S (C) T C 1 (A) | DEPUTY MEDICAL EXAMINER |
| 人 | | NAME (Typa) 6 J. EDELEN, LAPLATA | Madaras (Street, city, town, or county) |
| | 22a. | BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CO | 1 |
| | | BURIAL 12-20-66 ULD DURHA, ADDRESS | m Cem. IRONSIDES MD. |
| O B | 23. 77. | SUNERAL DIRECTOR APPRESS | 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DEC 2 2 1956 Pelisarley Judge |
| ap | 1 | - Home timeral Home trechest, In | DATE DEC 2 2 1000 |
| 40 | | V | |

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17072 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Page of 0 death. MARYLAND. Deportment TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b CIFY, OR TOWN (If outside corporate limits, write RURAL and give negrest town puo OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? form Poges ote 24 hours after deoth. Office along with NAME OF DECEASED \$ First Middle 4. DATE Month Year Give within DEATH NEVER MARRIED 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 7. MARRIED Months Hours WIDOWED event ond 2 USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY _ dny 13. FATHER'S NAME pencil within 14. MOTHER'S MAIDEN NAME and = WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT executed 16. SOCIAL SECURITY NO. permit. (Yes, no. or unknown) (If yes give wor or dotes of service) removol 1B. CAUSE OF DEATH (Enter only one couse per tipe for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) This certificate should writing the ward cremotion, DUE TO Conditions, if ony, which gove 10 rise to immediate couse (o), DUF TO 0 stoting the underlying couse 4 should be forwarded 0.5 used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? please execute the certificate, YES pe 9 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I on Part II of item 1B. 3 should ! prior PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. ogent, i MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (City or town) (Stote) foctory, street office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Poge ot work designoted 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection ond in my opinian the funerol director. death resulted fram: _ Suicide Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER FXAMINER'S NAME (Type) Address (Street, city, town, or county) 230 BURIAL, CREMATION 23b. 'DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) 0 2So. REC'D BY REGISJRAR VR A15ME (5) DATE 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17073 low requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY 4RLES MARYLAND the ottending physician and completely filled in by the fair name of the manager. Pages b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b CITY OR TOWN autside corparate limits, write RURAL and give negrest town) papers. Page hin 72 hours a d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 MORIAL HOSPITAL YES NO NAME OF Middle First Last DATE Month Doy Year DECEASED 7 = 0RGE 4 XIDIS 2 amuel 1966 DEATH YEAR IF UNDER 24 HRS. 6. COLOR OR RACE IF UNDER DATE OF BIRTH 9. AGE (In years NEVER MARRIED bisthday) Months Days Hours and in ony (exte WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) UNDUSTRY COUNTRY? Phicago, Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remay Margaret Terise Shugrus SEORGE ANDIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 023 GRANDIN AVE (Yes, no, or unknown) (If yes give wor or dotes of service) M. LANDIS II ves MOCKUILLE, MD cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physicion. DUF TO buriol Conditions, if any, which gave rise ta immediate couse (a) DUF TO stating the underlying cause Page 4 may be retained by the hospital or attending os the prior to this certificate has been last. USE OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Heolth 1 NO for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20d. INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, farm, (County) (Stote) Hour a.m. Nat While factory, street, office bldg., etc.) at work O FUNERAL DIRECTOR: After ot wark 19 6 6that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram 30 plnods with the saw the deceased alive an 19 GC, and that death occurred at 6,28PM, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. director, page should be filed JARWOOD CLINIC, LA RATA, 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (State) Burial (Specify) 6/66 Arlington National REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR SUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth. and campletely filled in by the funeral remove carbon papers. Pages 1 and 3 in ony event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Charles Maryland MARYLAND Charles b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b La Plata d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Physicians Memorial Hosp. YES NO S 3. NAME OF Middle 4. DATE Doy Year DECEASED (Type or print) 19 6 DEATH 6. COLOR ORARAS 9. AGE (In years IF UNDER 7. MARRIED NEVER MARRIED last birthdoy) Doys Hours Sept. 1880 DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHA during most af working life, even if retired) **INDUSTRY** England Gardening-Nursery owers 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME director, page 3 should be detached for use as the burial-tronsit permit. They should be filed with the State Dept. af Health prior to burial, cremation, or removal permit. Then John Н. Lev Louisa King 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT signed by the attendi buriol-tronsit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Unkown Mrs. Merion McKenna-Neice Phil 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 19 21. I certify that (1) (this haspital) attended the deceased fram_/ saw the deceased alive an. and that death accurred a M, fram causes and an the date stated above. 2 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THERED F 23c. NAME DF CEMETERY DR CREMATDRY 23d. LDCATION (City or Town) (County) (Stote) BIREMOVAL (Specify) Dec. 29, 1966 Cedar Hill Suitland Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Arehart Funeral Home Inc., La Plata, Md. JAN 3 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND 21201

| Di | vision of STATISTICAL | RESEARCH AND RECORDS, 301 | W. PRESTON STREET, BALTIMORE, |
|------------|-----------------------|---------------------------|--|
| 17075 | | CERTIFICATE | OF DEATH |
| E OF DEATH | | | 2 HOHAL DECIDENCE (Where decored lived |

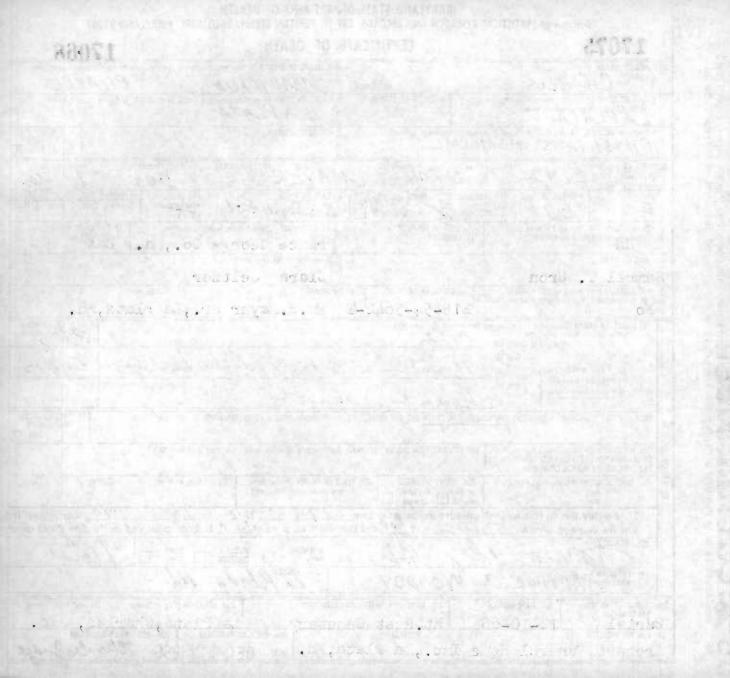
| | 17075 | CERTIFICATE | OF DEATH | | 7068 | |
|-----------------|---|------------------------------------|--|--|---|--|
| 1. | PLACE OF DEATH a. COUNTY CHARLES | MARYLAND | n STATE | Where deceased lived, if institution: Reside b. COUNTY Cト | ence befare admission) ARCES | |
| | b. CITY OR TOWN (If autside carparate limits, write RURA) and give nearest town) | c. LENGTH OF STAY IN 1b | LAPL | tside carparate limits, write RURAL and gi | 08.1 | |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in haspit PHYSICIANS MEMO) | al, give street oddress) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES NO | |
| | NAME OF DECEASED (Type or print) LINDA First | URON Middle | 1AYER | 4. DATE OF DEATH | Day Year 1965 | |
| S. | SEX 6. COLOR OR RACE 7. MARRI | | 26 Sept A | 00 1 | Days Hours Min. | |
| | a. USUAL OCCUPATION (Give kind af wark dane ring mast of warking life, even if refired) | D. KIND OF BUSINESS OR INDUSTRY | , , | | ITIZEN OF WHAT OUNTRY? | |
| | FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | | |
| 15 | Samuel T. Uron . was deceased ever in u.s. armed forces? | 16. SOCIAL SECURITY NO. 17. IN | Clara S | eltzer Address | | |
| (Ÿ | es, na, ar unknawn) (If yes give war ar dates of service) | 218-54-5642-T | | er Jr.,La Plata | | |
| | IB. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | far (a), (b), and (c).) | | | INTERVAL BETWEEN | |
| | Canditians, if any, which gave) (b) | the perture a | interio se | lushic Leat down | . 5year | |
| | rise to immediate cause (a), stating the underlying cause last. | Pennaly se | melty. | | | |
| ATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION | NG TO DEATH BUT NOT RELATED TO TH | HE TERMINAL DISEASE CON | DITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? YES NO | |
| L CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | . DESCRIBE HOW INJURY OCCURRED. (1 | Enter nature af injury in I | Part I ar Part II af item 18.) | | |
| MEDICAL | Haur a.m. W | | OF INJURY (Hame, farm ry, street, affice bldg., etc.) | | aunty) (State) | |
| | 21. I certify that (I) (this hospital) attended the deceased from 24 Hove 19 the table, to 19 the table, that (I) (we) last saw the deceased alive an 19 the Cand that death occurred at 10 PM, from causes and an the date stated above. | | | | | |
| | 220. SIGNATURE | X MD M.D | | MED. STAFF 22b. | DOC CO | |
| | NAME (Type) ARTHUR O. | WOODDY | 22d. ADDRESS Pl | ata. Ud. | | |
| - | a. BURIAL, (REMATION, REMOVAL (Specify) BUP 1 2 1 0 66 | 23c. NAME OF CEMETERY OR C | | 23d. LOCATION (City or Town) La Plata Charl | (Caunty) (State) | |
| | 4. FUNERAL DIRECTOR | ADDRESS | 2Sa. REC'D | BY REGISTRAR 2Sb. REGISTRAR'S | SIGNATURE | |
| 1 | Arehart Funeral Home | Inc., La Plata | , Md . DATE | NFC 12 1966 ACC | arles Judge | |

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

eath ertificate be executed within 24 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| saw the deceased offive an 19 and that death occurred at 15 M, fram causes and an the date stated above. 220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS NAME (Type) 23d. BURIAL (REMATION, 23b. DATE THEREOF 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 24. FUNERAL DIRECTOR ADDRESS 250. RECO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24d. | / | | | | | ,,,, | |
|--|---|-------|---|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|
| D. CIDNY (I duples corporate limits, write RURAL and give nearest town) D. CIDY OF TOWN (II duples corporate limits, write RURAL and give nearest town) | | | 17076 | CERTIFICATE | OF DEATH | | 17069 |
| MARTHAND D. CITY OB TOWN (It outside corporate limits, write RURAL and give nearest town) | P | | | | | | |
| b. CITY OB TOWN (If outside corporate limits, write RURAL and give nearest town) With Company (In a State of District Company) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) A SAGE OF DECEMBER (In a STOCK) NAME OF DECEMBER (In a STOCK) NAME OF DECEMBER (In a STOCK) NAME OF DECEMBER (In a STOCK) NOTE OF DEC | | (| o. COUNTY (harles | MARYLAND | o. STATE | b. COUNT | ChARLES |
| NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street oddress) d. STREET ADDRESS D. STRE | | ŀ | | | c. CITY OR TOWN (If o | outside corparate limits, write RURA | L and give nearest town) |
| ANARE OF DECLASED Type or pinn) Type or p | | | write RURAL and give nearest town) | | 62 Y | LATA | 21 |
| S. NAME OF S. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAIE OF BIRTH DOWN DEATH OPEN DEATH | 9 | ~ | NAME OF HOSPITAL OR INSTITUTION (If not in hos | pitol, give street oddress) | d. STREET ADDRESS | -1111 | e. IS RESIDENCE |
| DECRASE (Type or print) S. SEX S. C. COLOR OR RACE 7. MARRIED 10. NEVER MARRIED 11. DIVORCED 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. WAS DECRASED PYE IN U.S. ARMED FORCES? (Ter. pd. go uplenown) (if yes give wor or dolero of service) 13. WAS DECRASED PYE IN U.S. ARMED FORCES? (Ter. pd. go uplenown) (if yes give wor or dolero of service) 14. MOTHER'S MAIDEN NAME 15. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (d.) PART II. DEATH WAS CAUSED BY: 16. SOCIAL SECURITY NO. 17. INTORNANT Address 18. WAS DECRASED PYE IN U.S. ARMED FORCES? (Ter. pd. go uplenown) (if yes give wor or dolero of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (d.) PART II. DEATH WAS CAUSED BY: 18. DECRESS ON DEATH OUR TO Conditions, if ony, which gove (b) 18. DECRESS ON DEATH OUR TO Conditions, if ony, which gove (c) DUE TO Conditions, if ony, which gove (b) 18. DECRESS ON DEATH OUR TO Conditions, if ony, which gove (c) DUE TO Conditions, if ony, which gove (c) DUE TO Conditions, if ony, which gove (b) TO DEATH ABU NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. DIHER SIGNIVITANT CONDITIONS CONTRIBUTING TO DEATH ABU NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PRATT II. OTHER SIGNIVITANT CONDITIONS CONTRIBUTING TO DEATH ABU NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PRATT II. OTHER SIGNIVITANT CONDITIONS CONTRIBUTING TO DEATH ABU NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PRATT II. OTHER SIGNIVITANT CONDITIONS CONTRIBUTING TO DEATH ABU NOT RELATED TO THE TERMINAL DISEAS | 2 | P | hysicians Memori | AL HOSP. | | | |
| S. SER_ G. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lost) in the country 10. SERVER MAINT 10. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (finer only one couse per line for (o), (b), and (c)) 18. CAUSE OF DEATH (finer only one couse per line for (o), (b), and (c)) 19. SERVER MAINT 19. Address 19. Conditions, if any, which gove the folial server is to laminediate cause (c). Storing the underlying couse (c). Storing the underlying couse (d). Storing the underlying couse | | | | Middle | lost , / | | Doy Year |
| The USHCTPCCUPATION (Give kind of work done during/hard of geotypic field in the conditions, and the conditions are conditions, and the conditions are conditions, and the conditions are conditions and the conditions and the conditions are conditions and the conditions and the conditions are conditions are conditions and the conditions are conditions are conditions and the conditions are conditions and the conditions are conditions are conditions are conditions and the condi | | (| (Type or print) CORA | /// / | ONAID | | (0 1966 |
| The Light of which do work done and of work done during flow kind of work done and of synching life, even if retired) 105. KIND OF BUSINESS OR 11. BIRTHPIACE (County & Stote, or foreign gountry) 112. CITIZEN OF WHAT JUDISTRY 113. EQITER'S NAME 124. MOTHER'S MAIDEN NAME 125. WAS DESIGNED FUR IN US. ARMED FORCES? 126. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DESIGNED FUR IN US. ARMED FORCES? 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (d). PART I. DEATH WAS CAUSED BY 19. CONDITION, which gove is to immediate couse (o). 19. UNITERVAL BETWEEN OHSE AND DEATH 19. OR CONTRIBUTING ID. 206. ACCIDENT WAS UNDERLYING ID. 207. PLACE OF INJURY MORED. 208. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 208. DESCRIBE HOW INJURY OCCURRED. 209. PLACE OF INJURY (Home, form, lociny, street, office bldg, etc.) 209. ACCIDENT WAS UNDERLYING ID. 210. LEATHY (home, form, lociny, street, office bldg, etc.) 211. LEATHY (home, form, lociny, street, office bldg, etc.) 212. LEATHY (home, form, lociny, street, office bldg, etc.) 213. BURLAL, REMAITION, lociny or Town. (Country) 224. FORCESS 225. DESCRIBE HOW INJURY OCCURRED. 226. DATE SIGNED 227. PHYSICIANS 228. DATE SIGNED 229. NAME OF CEMETERY OR CEMETERY OR CEMATORY 220. BURLAL CREMATION, lo | 9 | S. | SEX 6. COLOR OR RACE 7. MAR | RRIED NEVER MARRIED B | . DATE OF BIRTH | | |
| Interval between the price of | | 1 | -emale W wide | OWED DIVORCED | 12-10-190 | | monnis boys nous min. |
| 13. EATHER'S MANE 15. WAS DECEASED FYE'R IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (3)) PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH, BIT NOT RELATED TO THE, TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART III. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH, BIT NOT RELATED TO THE, TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH, BIT NOT RELATED TO THE, TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH, BIT NOT RELATED TO THE, TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH, BIT NOT RELATED TO THE, TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH, BIT NOT RELATED TO THE, TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH, BIT NOT RELATED TO THE, TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS LUNDERLYING TO THE AUTOPSY PERFORMED? 200. THE OF INJURY MEDICAL EXAMINER. 200. TIME OF INJURY MEDICAL EXAMINER. 200. TIME OF INJURY MEDICAL EXAMINER. 201. TO THE OF INJURY MEDICAL EXAMINER. 202. THOS OF INJURY MEDICAL EXAMINER. 203. BURIAL, CREAD TON. 204. TO THE OTHER SIGNIFICANT TOWN. 205. THE OF INJURY MEDICAL EXAMINER. 206. THE OF INJURY MEDICAL EXAMINER. 207. THE OF INJURY MEDICAL EXAMINER. 208. THE OF INJURY MEDICAL EXAMINER. 209. THE OF INJURY MEDICAL EXAMINER. 200. THE OF INJURY MEDICAL EXAMINER. 201. THE OTHER SIGNIFICANT TOWN. 202. THE OF INJURY MEDICAL EXAMINER. 203. BURIAL, CREAD TOWN. 204. TOWN TOWN. 205. THE OF INJURY MEDICAL EXAMINER. 206. THE OTHER SIGNIFICANT TOWN. 207. THE OTHER SIGNIFICANT TOWN. 208. DECEMBER SIGNIFICANT TOWN. 209. THE OTHER SIGNIFICANT TOWN. 209. THE OTHER SIGNIFICANT TOWN. 209. THE OTHER SIGNIFICANT TOWN. | | | | | 11. BIRTHPLACE (Count | y & Stote, or foreign country) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Addres | | GUITE | ingal sal of working life, even in ferned) | INDUSTRY | | W.VA | 2001 |
| 15. WAS DECEASED BY RET NUS. ARMED FORCES? 17. OF SOCIAL SECURITY NO. 17. INFORMANT 17 | | 13. | FATHER'S NAME | A 1 | 14. MOTHER'S MAIDEN | NAME | |
| 15. WAS DECEASED BY RET NUS. ARMED FORCES? 17. OF SOCIAL SECURITY NO. 17. INFORMANT 17 | | (| SCAR | Wester | SphiA | STALNAI | ler |
| INTERVAL BETWEEN PART I. DEATH (Enter only one couse per line for (o), (b), ond (c). | | IS. | WAS DECEASED EVER IN ILS ARMED FORCES? | | 4.1 | Address | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ABT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ABT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ABT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ABT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ABT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ABT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PRETOMMED? YES NO DUE TO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MAS UNDERLYING TO PRETOMMED? YES NO DUE TO 19. WAS AUTOPSY PERFORMED? YES NO DUE TO 19. WAS AUTOPSY PERFORMED? YES NO PRETOMMED? YES NO OR CONTRIBUTING TO PORT II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MAS UNDERLYING TO WAS AUTOPSY YES NO PRETOMMED? YES NO OR CONTRIBUTING TO PORT II of item 18.) OR CONTRIBUTION TO PORT II of item 18. | | (18: | s, i.d. of differential (ii) yes give wor or doles or service | 232-0-6386B | MARY | PRICE, LA | PLATA, Ind |
| IMMEDIATE CAUSE (o) DUE TO DUE TO Stoting the underlying couse O. Stoting the underlying couse O. DUE TO DUE TO Stoting the underlying couse O. DUE TO | | | | ne for (o), (b), ond (c).) | | | |
| Conditions, if ony, which gove rise to immediate cause (a). Storing the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO TOWN DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(c) PART II. OTHER SIGNIF | | | | CUAI | N | | ONSET AND DEATH |
| Stote Immediate couse (a) Stote | | | 331X DUE TO | 1 anti | | | |
| Stoting the underlying couse Oc | | | | Cign. Hole | KIOSCIEP | 2515 | > atys. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO PERFORMED. | 8 | | | | | | |
| 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. | | | lost. (c) | | | | |
| 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY MODICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 21. I certify that (I) (this hospital) attended the defeased fram foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the defeased fram and that death occurred at M, fram causes and an the date stated above. 220. SIGNATURE 220. BURIAL (REMATION, PHYS. 22d. ADDRESS 22d. REGISTRAR 20b. R | 5 | z | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU | TING TO DEATH BUT NOT RELATED TO THE | HE TERMINAL DISEASE CO | ONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? |
| 21. I certify that (I) (this hospital) attended the deceased fram |) | CATIC | turestat | c / hemon | A | | |
| 21. I certify that (I) (this hospital) attended the deceased fram | ä | ZIFI | | Ob. DESCRIBE HOW INJURY OCCURRED. (I | Enter noture of injury in | Port I or Port II of item 18.) | |
| 21. I certify that (I) (this hospital) attended the deceased fram | | 1 CE | | | | | |
| 21. I certify that (I) (this hospital) attended the deceased fram | | DICA | | | | | (County) (Stote) |
| 21. I certify that (I) (this hospital) attended the deceased fram 19 and that death occurred at 15 M, fram causes and an the date stated above. 220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED. DIRECTOR PHYS 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) 22d ADDRESS 22d ADDRESS NAME (Type) 22d ADDRESS 22d ADDRESS NAME (Type) 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2 - 66 ARSONS COMPETERY OR CREMATORY ARSONS TUCKER WARD ADDRESS 250. RECUB BY REGISTRAR 25b. REGISTRAR'S SIGNATURE | | ME | p.m. 19 | of work of work | Ty, street, office blag., etc | | 1 |
| 220. SIGNATURE M.D. PHYS. 221. PHYSICIAN'S NAME (Type) 222. PHYSICIAN'S NAME (Type) 223. BURIAL (REMATION), 236. DATE THEREOF 230. BURIAL (REMATION), 236. DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY 230. BURIAL (REMATION), 236. DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY 230. BURIAL (REMATION), (County), (Stote) 240. FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE 260. REGISTRAR'S SIGNATURE | Ē | | 21. I certify that (I) (this hospital) | attended the deceased fram | | | , 19_6 that (1) (we) last |
| 22c. PHYSICIAN'S NAME (Type) 23c. BURIAL CREMATION, 23b. DATE THEREOF 23c. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town), (County), (Stote) 24. FUNERAL DIRECTOR 25c. RECUB BY REGISTRAR 25b. REGISTRAR'S SIGNATURE. | | | | 6 19 06, and that | death occurred a | t <u>7:15 9</u> M, fram causes a | |
| 22c. PHYSICIAN'S NAME (Type) PURO M. MOLTERO 22d ADDRESS NAME (Type) 23o. BURIAL, (REMATION, BREMOVAR'S Specific) 23o. BURIAL, (REMATION, County) 23d. LOCATION (City or Town) County) (Stote) 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR'S SIGNATURED 26. REGISTRAR'S SIGNATURED | | | 220. SIGNATURE | , ti | ATTENDING - | | 22b. DATE SIGNED |
| NAME (Type) HP URO M. OUTEIRO TO TOWN SOT FA MATE, TO TOWN (County) (Stote) 230. BURIAL, CREMATION, PREMOVAR (Specify) 12-8-66 PARSONS COME TERM PARSONS TUCKER W. VA 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE. | | | Myro Mil | harring M.D | | DIRECTOR L PHYS L | |
| BREMOVAL (Specific) 12-8-66 PARSONS CEMETER PARSONS, TUCKER, W. VA. 24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 350. REGISTRAR'S SIGNATURE | / | | | M. Monteira | 1 / V | 70x 807 fa (| late Md. |
| BREMOVAL (Specific) 12-8-66 PARSONS CEMETER PARSONS, TUCKER, W. VA. 24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 350. REGISTRAR'S SIGNATURE | | 22- | PUDIAL CREMATION 226 DATE THEREOE | 1 220- NAME OF CEMETERY OF C | DEMATORY | 23d LOCATION (City or Town | (County) 4 (State) |
| 24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. RE | | 230 | REMOVAC(Specify) | 66 Pages | | Page C T | VKED V/1/A |
| DEO 10 4000 ///10010 . VIIIA | | 34 | | ADDRESS | | D BY REGISTRAR TO RECU | ISTRAR'S SIGNATURED |
| | | | | | | - 1 0 10 0 | Charles Judge |

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth.

Poge 4 may be retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. The please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter deoth.

14, 11, 2

AND A LIPSON AND LIPSON

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Poge 4 moy be retained by the hospitol or ottending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

| 0 | Division of STATISTICAL | L RESEARCH AND RECORDS, 301 | W. PRESION STREET, | BALTIMORE, MARYLAND 2 | 1201 |
|---|--|--|--|---|---|
| | 17077 | CERTIFICATE | OF DEATH | 17 | 070 |
| | 1. PLACE OF DEATH O. COUNTY CHARLES | MARYLAND | 2. USUAL RESIDENCE (Where o. STATE MARVA | deceosed lived, if institution: Residence b. COUNTY | HARLES |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give haarest town) | c. LENGTH OF STAY IN 16 | | corporate limits, write RURAL and a | give neorest town) |
| 2 | PHYSICIANS MEMO | ospitol, give street oddress) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES NO |
| 1 | | | tgomeny | DATE Dec. | 18 1966 |
| | Formale CANCASIAN W | MARRIED NEVER MARRIED 8. IDOWED DIVORCED 8. | UNE 25,190 | 7 Sast birthdoy) Months | |
| | 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | CHARLES / | | COUNTRY? |
| | WILLIAM BASS | FORD | MARTHA G | - MONTGO | MERY |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of serv | ice) PA | WL B. MON | Address H | MD. |
| | 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | CARDIAC ARPES | T | | INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if ony, which gove rise to immediate couse (a), | MYOCARDIAL I | NFARCTION | | Minutes |
| | stoting the underlying couse DUE TO (c) _ | ARTERIOSCLEROTI | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 19. WAS AUTOPSY PERFORMED? YES NO |
| | 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 205. DESCRIBE HOW INJURY OCCURRED. (E | | | aba. |
| | 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 | While Not While of work of work | E OF INJURY (Home, form, ry, street, office bldg., etc.) | | County) (Stote) |
| | 21. I certify that (I) (this hospital saw the deceased alive an 220. SIGNATURE) | attended the deceased fram 6 DEC 1966, and that | death occurred at 10 | 55M, fram causes and an | |
| | 220. PHYSICIAN'S — 220. PHYSICIAN'S | rusac MO M.D. | ATTENDING MED. PHYS. DIRECT | - STAFF - 1 | Dec 66 |
| | NAME (V/pe) J. 6: Ba 230. BURIAL, CREMATION, 23b. DATE THEREOF | 123c. NAME OF CEMETERY OR CI | Jarwood | Clinic, La F | lata, Md. |
| | BEMOYAL (Specify) 24. FUNERAL DIRECTOR | 66 STMARYS | Cem. | 23d LOCATION (City or Town) REGISTRAR 25b. REGISTRAR'S | (County) (Stote) |
| 1 | HUNTT FUNERAL HO | ME, WALDORF, | MD DATEDEC 2 | 2 1220 MM/1- | rles Judge |

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion ond completely filled in by the funeral director, page 3 should be detached for use os the buriol-transit permit. Then pleose remove corbon-papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death.

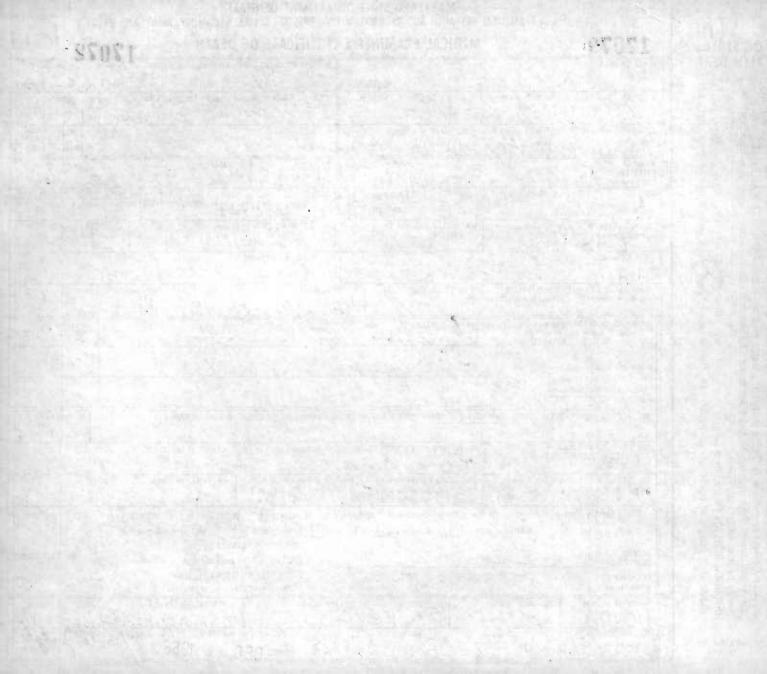
45051 11/12 4211110 CHARLES 4015 HESDI DEE HYSICIANS MENCRIPL HOSP MAE THOMSE SAME JUNE 25, 1967 59 HOUSEWORK DOMESTIC CHARLES MARYLAND UIS A WILLIAM BASSFORD MARTHA G. MENTGOMERY PAUL B HERFGOMERY. PIRIAL 12-21-66 STMARKS CEM 128 MAITERED PIL HUVER FRIERS HOME RALDONF, MD

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17078 ond 2 executed within 24 hours after death completely filled in by the funeral nove carban popers. Poges 1 and to event, within 72 hours after deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give negrest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? YES NO 3. NAME OF First Middle Last 4 DATE Manth Year Day DECEASED ETZOLD 2 ERIC LBERT 1966 (Type or print) DEATH 9. AGE (In years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X DATE OF BIRTH emove lost birthday) Manths Dovs Hours any WIDOWED DIVORCED 0 10b, KIND OF BUSINESS OR attending physician an 10o. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be during most af working life, even if retired} COUNTRY? LNDUSTRY -INDENAN RON 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or remaval, 204 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, na, or unknown) (If yes give war ar dates of service) CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY CCLUS IMMEDIATE CAUSE (a) signed by DUE TO burial, Conditions, if ony, which gove rise to immediate cause (a), DUE TO prior to b stating the underlying couse Poge 4 may be retained by the haspital or ottending been os the last. 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) for use director, page 3 should be detoched for use should be filed with the Stote Dept. of Health YES NO FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for us 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year Haur a.m. factory, street, office bldg., etc.) 19 at wark 21. I certify that (1) (this hospital) attended the deceased fram. 1958 to 1966, that (1) (we) lost 3 1966, and that death occurred at AM, fram causes and on the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. (Caunty) (State) 0 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 196 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE: (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Page 3 ta at death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town ond write RURAL and give pearest town) after OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS with the State Dep within 72 haurs o farm ON A FARM? tem 18. Give Pages YES NO 🖊 Office alang with NAME OF Middle 4. DATE First Lost Day Year DECEASED OF DEATH S. SFX JF UNDER 6. COLOR OR RACE MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED buthdoy) Months Dovs Hours WIDOWED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT or foreign country) during most of working life, eyen if retired) INDUSTRY _ Examiner's pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. NFORMANT be executed Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service remaval pending 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET-AND DEATH burial-transit PART I. DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (o) shauld Ward crematian, DHE TO Conditions, if ony, which gove rise to immediate couse (o), certificate DUF TO stoting the underlying couse 0 lost. burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO please execute the certificate. YES agent, priar to 20o. EXTÉRNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 3 shauld PRIMARY CONTRIBUTING C Page 4 should AL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection. Inquiry and in my opinion death resulted from: Natural causes Accident . Suicide [Undetermined manner Homicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 70 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health (Address (Street, city, town, or county) NAME (Type) DATE THEREOF LOCATION (Gity or Town) (County) 0 FUNERAL DIRECTO ADDRESS 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

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| er death | and | 1. PLACE OF DEATH O. COUNTY CHARLES | | USUAL RESIDENCE (Where deceosed lived, if in b. STATE maryland b. | stitution; Residence before odmission) COUNTY COUNTY |
| s aft | oge: | b. CITY OR TOWN (If outside corporate limit write RURA) and give nearest town) | 12 hrs. | ITY OR TOWN (It outside corporate limits, write Ferency Ence | 162 |
| filled in | = = | | ORIAL HOSPITAL 3 | STREET ADDRESS 56 TH PL | e. IS RESIDENCE ON A FARM? YES NO |
| ecuted with | carbon ent, wil | 3. NAME OF DECEASED (Type or print) JOHN S. SEX 6. COLOR OR RACE | Louis Scheit | TE OF BIDTH OF DEATH DEC | Month Doy Year ember 4, 1966 ors I IF UNDER 1 YEAR I IF UNDER 24 HR: |
| execut | Styles of the second of the se | male Cancasian | WIDOWED DIVORCED TEST | 1 21 189/ Jast birthdo | yrs. Months Doys Hours Min. |
| ale P | and in | during most of working life, even if refined and during most of working life, even if refined and life, seven in the life, seven in t | n Wistry Government | MOTHER'S MAIDEN NAME | COUNTRY? |
| that the death certification on. | Then | Is. WAS DECEASED EVER IN U.S. ARMED FORCES? | estach | Christine 10 | Address |
| e death | permit. Then ian or remaval | (Yes, no, or unknown) (If yes give wor or dotes | of service) | Jeschertach Che | nerly Frish My |
| that the | Genati | 18. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE | (0) Cerebrovascular Ac | cident | INTERVAL BETWEEN ONSET AND DEATH |
| quires physicic | ourial t | Conditions, if ony, which gove nse to immediate couse (a), | (b) Carotid thromb | | 12 Ars, |
| law re | the size of the si | last. | (c) a v terro s clero tre Va | | Vears |
| N: The ar affe | ealth p | Hypertensi | on | noture of injury in Port I or Port II of Item 18 | YES NO |
| YSICIA naspital | ched for | OR CONTRIBUTING CAUSE OF DEATH | | INJURY (Home, form, 20f. (City or tow | |
| ING PH by the b | to de de f | 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 | While Not While of work of work | reet, office bldg., etc.) | |
| ained L | th the S | saw the deceased alive on 1 220. SIGNATURE | spital) ottended the deceased fram 3 L 4 Dec 1966, and that de | ath occurred at 3 AM, fram cau | ises and an the date stated aba |
| be ret | ge 3 si | 220. SIGNATURE GBAN 22c. PHYSICIAN'S | ry mason M.D. | ATTENDING MED. PHYS. DIRECTOR PHYS. 22d. ADDRESS | □ 4 Doc 66 |
| TO HOSPITAL Page 4 may | itar, po | NAME (Type) 230. BURIAL CREMATION, 23b. DATE TH | IEREOF 23c. NAME OF CEMETERY OR CREM | La Clala, J. | or Town) (County) (Stote) |
| Page | director | REMOVAL (Specify) | , 1966 Ft Lincoln Cer | netery Colmar Mar | nor Pro Geo Md. b. REGISTRAR'S SIGNATURE |
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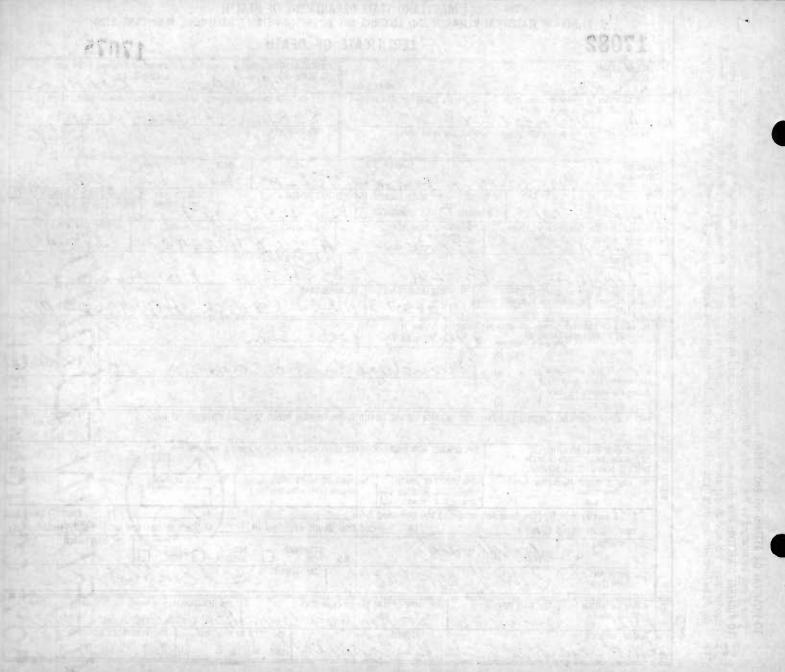
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1708; MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: o. COUNTY o. STATE any delay is 2, and 3 ta PM3. Page b. COUNTY Charles af death. Maryland Charles MARYLAND Department LITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) haurs after Nanjemoy Nanjemoy d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with form State YES IN NO in Item 18. Give Pages 24 haurs after death. 3. NAME OF First Middle Lost 4. DATE Month Dov Year within 72 DECEASED 0F IOLA THOMPSON 19 66 December 21 (Type or print DEATH AGE (In years 1 YEAR 6. COLOR OR RACE DATE OF BIRTH IF UNDER IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours May 23,1880 Female White WIDOWED DIVORCED and 2 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT **INDUSTRY** COUNTRY? pages I Charles Co., Md. Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within William Thompson Clarinda Davis and WAS DECEASED EVER IN U.S. ARMED FORCESS 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes no, or unknown) (If yes give wor or dates of service) removal pending" Irene Dunbar, Nanjemoy, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Intracerebral Hemorrhage. burial, crematian, ar IMMEDIATE CAUSE (o) This certificate shauld e, writing the ward farwarded ta the Ch DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) please execute the certificate. YES X 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be Health or its designated agent, prior ta NO shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) 21. I certify that I taak charge of the remains described above, held an Autapsy [x] Inspection Inquiry and in my apinian Suicide the funeral directar. death resulted fram: Natural causes X Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL hades all 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 12/22/66 **EXAMINER'S** Charles S. Petty NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, (Stote) Dec.23,1966 Chicamuxen, Charles, Md. Chicamuxen M.B. 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5 Funeral Home Inc., La Plata, Md.

DEDELL CONTROL SECURIOR SECURI •4 (• Later to the country of the country ELECTION, ELECTION HOLD, ELE .the man of the section of the . Name of Mary I dear inc., at 1.888, c.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17082 CERTIFICATE OF DEATH completely filled in by the funeral ove carban papers. Pages 1 and 2 y event, within 72 hours after death within 24 hours after death funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY filled in by the fur papers. Pages 1 MARYLAND b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c. CITY-OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) HUGHESUILLE IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO 3. NAME OF Middle First Last 4. DATE Manth Doy Year DECEASED CHOLAS (Type or print) UGUSTINE DEATH requires that the death certificate be executed IF UNDER 1 YEAR SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Hours Dovs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) and in COUNTRY ? during most of working life, even if retired) CCD 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates af service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying cause be detached far use as the State Dept. af Health priar ta O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) TIME OF INJURY Month, Dov. Year Hour a.m. factory, street, office bldg., etc.) While Nat While 19 at wark at wark 21. I certify that (H) (this haspital) attended the deceased fram. 19 19____, that (I) (we) last . to director, page 3 should should be filed with the saw the deceased alive and that death occurred at_ M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS RREAC NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



| 1 | 3 | 17083 | F STATISTICAL | RESEARCH AND RECO | RDS, 301 W. PRESTO | N STREET, BALTI | MORE 1, MARYLAND |
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| | | 22c. PHYSICIAN'S NAME (Type) | Frank. | A Puson | M.D. PHYS. | MED. STAFF PHYS. | 12/3/66 IGI |
| 0. | | BURIAL, CREMATIC REMOVAL (Specify) BUR H FUNERAL DIRECTOR | | DF 23c. NAME OF CEME | TERY OR CREMATORY | 23d. LOCATION (City D) AN | y, town or county) (State) HEAD REGISTRAR'S SIGNATURE |
| ly | 4 | funtrt | TUNERAL | Home, WA- I | ORF, MD DATE | DEC 7: 1966 | |

The state of the s A CONTRACTOR OF THE STATE OF TH 11611 Charles Postar Kush / Poorth Roberts RiBerrof Indentify. Todand Drung) Wad Decimen 3 60 TEMBLE RESE X Johnson 2241874 90 Housewife Own thank St. Ele go County Pld Il Joseph Levi Brury Bour Have there TEN Hatald detreen Etil Boxdof Indulus Acute Mysec-feet Forland Freday Land 3 Arboresone dear Disease 5-0 202 37 8/11 64/12 37 61 20 N Frank & Dusten X 12/3/66 Front A Swan H. B. CH | Box So Indian Head Til THE PARTY OF THE PARTY OF THE PERSON OF THE The second of th